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Winter 2005 | Edition 02



Official Publication of the Kentucky Board of Nursing



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KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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Cover photo compliments of www.kentuckylakebarkley.org. Photo taken at Kentucky's Western Waterland (KWW) Arts & Crafts Festival, Grand Rivers, KY – near Kentucky Lake and Paducah. The festival is held each year and showcases handcrafted items. Whether your interests are crafts, music, literature, other arts, history, heritage, or just an enjoyable rest stop with friendly service, you'll want to visit the new Kentucky Artisan Center at Berea (off Interstate 75 at Exit 77, Berea). It's all Kentucky – and admission is free! For additional information, see www.kentuckyartisancenter.ky.gov.

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president's message

How would you like your Kentucky nursing license to be similar to your Kentucky driver's license, enabling you to practice nursing throughout the country with your home state license, just as you can drive throughout the country with your Kentucky driver's license? Some states have enacted an agreement allowing a nursing license from one state to serve as a privilege to practice nursing in other states. This agreement, or interstate compact, for mutual recognition is called the Nurse Licensure Compact (NLC). Nurse Licensure Compact, mutual recognition, and interstate practice are all terms that refer to the same concept: Allowing a nurse to obtain one state license that grants a "multi-state privilege to practice" across state lines. In order to achieve mutual recognition, each state must enact legislation authorizing the Nurse Licensure Compact. States entering the compact also adopt administrative rules and regulations for implementation of the compact.

In the NLC, a nurse whose primary state of residence is a compact state (home state) is issued a license by that state and no longer needs an additional license to practice in other compact states (remote states). By virtue of the compact, the licensee is granted the "multi-state privilege to practice" in other compact states. The nurse who lives in a non-compact state is issued a nursing license that is valid only in the compact state (single state license). The licensee holding a single state license will not be granted the "multi-state privilege to practice" in any other compact state.

As of September 2004, seventeen states belong to the NLC with three additional states pending implementation. To date, the NLC only authorizes interstate practice for registered nurses (RNs) and licensed practical nurses (LPNs). Advanced Registered Nurse Practitioners (ARNPs) are still required to obtain authorization in each state where they practice.

At its October, 2004 board meeting, the Kentucky Board of Nursing adopted, in principle, the Nurse Licensure Compact Plan for Kentucky, and directed staff to provide bi-monthly reports to the Board concerning progress toward implementing the plan. The current plan for Kentucky encompasses a three-year period. In 2005, Board representatives will be available to meet with stakeholders and provide information on the compact. A website address (<http://kbn.ky.gov/LicensureCompact.htm>) is available for nurses and other stakeholders to review the latest information and/or send their questions and comments to KBN. Additional general information regarding the compact may also be found on the Nurse Licensure Compact section of the National Council of State Boards of Nursing website at www.ncsbn.org. At this time, KBN plans to seek legislation in the 2006 Session of the General Assembly. The anticipated date for implementation of the NLC in Kentucky is 2007. Stay tuned for more information on the Nurse Licensure Compact in subsequent issues of the *KBN Connection* and on the KBN website. Questions or comments regarding the compact can be sent to KBN.BoardQuestions@ky.gov.

A handwritten signature in black ink that reads "Jimmy T. Isenberg".

Jimmy T. Isenberg, PhD, RN

Reduced Renewal Fee

In the last issue of the *KBN Connection*, it was reported that House Bill 72 was passed by the 2004 General Assembly. One of the initiatives of that bill was annual licensure renewal. Administrative regulations had been filed to implement the provisions of House Bill 72. One proposed amendment to an administrative regulation was to set the renewal fee. The Board is pleased to announce that the fee originally proposed has been lowered. The new fee will be \$40, plus the two \$5 statutory add-ons (for the Nursing Incentive Scholarship Fund and for the Kentucky Alternative Recovery Effort for Nurses Program). The total annual renewal of licensure fee will be \$50. Annual renewal will begin July 2005 for LPNs and then July 2006 for all nurses. As always, any questions regarding legal matters can be directed to Nathan Goldman at 502-329-7009 or by email at Nathan.Goldman@ky.gov.

CHANGE OF ADDRESS FORM

Kentucky Revised Statute 314.107 and Kentucky Administrative Regulation 201 KAR 20:370, Section 1(11), requires a licensee to notify the Board upon establishment of a new mailing address. **Effective immediately, for security purposes, the KBN will no longer accept address changes via electronic mail.**

Address changes can routinely be made online on the KBN website at <http://kbn.ky.gov>. In order for your nursing license record to be updated, you must either submit the change online, or provide the required information as noted below.

Address as it Should Appear on File

TYPE OR PRINT USING BLACK INK - COMPLETE ALL FIELDS

Street Address _____

City _____

State _____ Zip Code _____ County _____

For Identification, Provide the Following Required Information

Last Name _____

First Name _____

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Maiden Name _____

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Nursing License # _____

Daytime Phone # _____

Signature _____

Date _____

Return the Completed Form To:

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Recent legislative changes have prompted questions about how these changes affect continuing competency requirements. The most frequently asked questions are addressed here. For a list of continuing competency requirements, refer to the *Competency Validation Chart* on page 30. For additional information, please visit the KBN website at <http://kbn.ky.gov/ce.htm>, or contact Mary Stewart, Continuing Competency Program Coordinator, at 502-329-7000, ext. 237.

FAQ: CE Earning



My friend refers to the continuing education hours she earns as CEUs. I notice that you refer to them as contact hours. What is the difference in a CEU and a contact hour?

One CEU is equal to 10 contact hours. Most KBN approved providers use the terminology of "contact hours" when referring to the number of hours awarded for a specific course.



What is the present earning period for Kentucky nurses?

The current LPN earning period is 11/01/2003 through 10/31/2005. RNs are currently scheduled to renew again after 10/31/2006.



This is my first renewal of my Kentucky nursing license. Am I required to earn CE hours for this renewal?

All nurses are exempt from earning CE hours for their first Kentucky renewal. This is true for nurses licensed by examination or by endorsement from another state. If the nurse fails to renew the original license, the exemption is lost and all CE requirements must be met before the license can be reinstated.



Is it true that I can use an employment evaluation for part of my CE hours?

Yes. A satisfactory employment evaluation or competency validation for your position as a nurse can be used for 15 contact hours. You must earn the other 15 hours. Other acceptable ways to earn your CE hours are listed on the *Competency Validation Chart* on page 30.



Will the college courses I have taken count as CE hours?

Academic courses in Nursing and Health Care, or Social or Physical Sciences, will count toward your CE requirement. One semester credit hour equals 15 contact hours. One-quarter credit hour equals 12 contact hours.



I have attended a CE course that is not offered by an approved CE provider. How can I get credit for these hours?

You may wish to submit an Individual Review Application to KBN requesting contact hours for this course. There is a charge of \$10 for the review. An application form is available on the KBN website at <http://kbn.ky.gov/ce.htm>, or by contacting the KBN office at 800-305-2042, ext. 237. Once submitted, your application will be reviewed and, if approved, the appropriate number of contact hours will be awarded.



Are CE hours earned on the Internet acceptable for licensure in Kentucky? If so, how many of the required 30 hours can be earned on the Internet?

Internet CE courses are acceptable if offered by an approved CE provider. All 30 hours or any combination of the hours may be from Internet providers.



I understand that I can use my nursing certification for the required 30 contact hours of CE. Is this correct?

If you have a national nursing certification or recertification related to your practice role, and in effect the whole earning period or earned initially this period, it will count for the required 30 contact hours for licensure for Kentucky licensure.



I am required to take a class in CPR where I work. Will this CPR class count toward my CE requirement?

No. CPR and BLS classes, as well as in-service education and nurse aide training, do not count as CE hours.

continued on Page 26



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- Cheryl Hickman, Chief Nursing Officer

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- Chris Altman, CRNA



Contact:

Brian Mullins
Pikeville Medical Center
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brian.mullins@pikevillehospital.org

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Clinical Internship Regulations

The Board directed that in the amendments to 201 KAR 20:070, Licensure by Examination; and 201 KAR 20:110, Licensure by Endorsement, the revised language is to read: "As used in KRS 314.041(5) and 314.051(6), the term 'direct supervision' means that the nurse responsible for the applicant shall at all times be physically present in the facility and immediately available to the applicant while the applicant is engaged in the clinical internship.

Roles of Nurses in the Implementation of Patient Care Orders

In June 2004, the Board approved revisions to the Advisory Opinion Statement (AOS #87-14) entitled, *Roles of Nurses in the Implementation of Patient Care Orders*. The revisions address the role of the nurse in the use of protocols, standing orders, and routine orders. In addition, KBN advised that it is not within the scope of nursing practice for a nurse to independently insert/write in a dosage, time (frequency), or route on a prescription or in a medical order blank space. These elements are components of prescribing and should be determined by the prescriber. In addition, it is illegal for a nurse to fill in a blank prescription that has been pre-signed by a prescriber. The complete AOS may be obtained from the Board's website at <http://kbn.ky.gov>.

Role of Nurses in Surgical Site Markings

To address the question about the role of nurses in surgical site markings, KBN reviewed information published by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) entitled, *Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery* (July 1, 2004); and JCAHO's "Frequently Asked Questions" pertaining to this subject.

JCAHO has published the following information about "Who should mark the site?":

The protocol states, "The person performing the procedure should do the site marking." The word "should" is in contrast to the more definitive term "must," which is used elsewhere in the protocol. It recognizes the need for flexibility to accommodate the logistical and procedural realities of the full range of surgical facilities. When it is not feasible for the person performing the procedure to mark the site, another member of the surgical team who is fully informed about the patient and the intended procedure must do the marking. In this context, the preoperative registered nurse is considered a member of the surgical team. Any delegation of responsibility for marking the surgical site must be consistent with applicable law and regulation (we are advised that some states may prohibit nurses from marking the surgical site). The organization must ensure that whenever the responsibility for site marking is delegated to someone other than the person who will be doing the procedure, the safety of the patient will not be compromised. Note that while the protocol requires that the patient be involved in the process, it is not expected, or even recommended, that the patient

mark his/her own surgical site.

Following discussion of the statutes governing nursing practice and the information issued by JCAHO, the Board advised that surgical marking should be performed as indicated by JCAHO, and that it is within the scope of nursing practice for a nurse to accept the delegation of responsibility to mark a surgical site as indicated in the JCAHO protocol provided here.

Advisory Opinions and Further Information

KBN issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

Should you have any other questions or if we may be of further assistance to you, please contact Bernadette M. Sutherland, MSN, RN, Nursing Practice Consultant, at the Board office, 502 329-7007 or 800-305-2042, Ext 231.

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Delegation of Nursing Tasks and the Performance of Triage by Paramedics in a Hospital Emergency Department

To address the question about delegation of nursing tasks to the performance of triage by paramedics in a hospital emergency room, KBN reviewed the following excerpts from 201 KAR 20:400, 311A.170, and 902 KAR 20:016.

201 KAR 20:400 – Delegation of Nursing Tasks – Section 2 Nurse's Responsibility in Delegation

(2) A registered nurse may delegate a task to a paramedic employed in a hospital emergency department in accordance with KRS 311A.170 and Sections 3 and 4 of this administrative regulation.

(3) Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the client. The nurse shall retain responsibility and accountability for the nursing care of the client, including nursing assessment, planning, evaluation, and assuring documentation.

KRS 311A.170(5) Any provision of this chapter other than this section relating to the requirement for additional training, requirement for skill examination, or approval of standing orders, protocols, or medical procedures to the contrary notwithstanding, a paramedic may be employed by a hospital to work as a

licensed paramedic in the emergency department of the hospital subject to the following conditions:

(a) The hospital in collaboration with the medical staff shall provide operating procedures and policies under which the paramedic shall operate consistent with the paramedic's scope of practice;

(b) A paramedic shall provide patient care services under the orders of a physician, physician assistant, advanced registered nurse practitioner, or as delegated by a registered nurse;

(c) Subject to the provisions relating to the scope of practice of a paramedic, a hospital may require a paramedic to take additional training on any subject or skill which the paramedic may be required to perform in a hospital, and demonstrate competency in the skill or subject to a competent evaluator; and

(d) The paramedic does not violate the provisions of KRS 311A.175 or any other statute or administrative regulation relating to a paramedic. No provision of this section shall prevent a paramedic from being employed in any other section of the hospital where the paramedic's job duties do not require certification or licensure by the board and do not otherwise constitute the unlawful practice of medicine.

902 KAR 20:016 – Hospitals; Operations and Services – Section 4(8) Emergency Services

(a) A hospital shall develop written procedures for emergency patient care, including a requirement for:

1. Each patient requesting emergency care to be evaluated by a registered nurse;
2. At least one (1) registered nurse on duty to perform patient evaluation; and
3. A physician to be on call.

(b) A patient that presents to the hospital requesting emergency services shall be triaged by a registered nurse or paramedic acting within his statutory scope of practice, and in accordance with the hospital's formal operating policies and procedures.

(c) The medical staff of a hospital within an organized emergency department of service shall establish and maintain a manual of policy and procedures for emergency and nursing care provided in the emergency room.

1. The emergency service shall be under the direction of a licensed physician. Medical staff members shall be available at all times for the emergency service, either on duty or on call. Current schedules and telephone numbers shall be posted in the emergency room.

continued on Page 23



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The Future of Nursing is Now!
2005 Kentucky Board of Nursing Conference
April 29, 2005
The Clarion Hotel & Conference Center
9700 Bluegrass Parkway, Louisville, KY

This conference will focus on legislative mandates and current issues in the regulation of nurses, and nursing education and practice. The keynote speaker will provide the participants with an opportunity to learn about shifting paradigms in nursing education and service delivery. An update on the revised *Kentucky Nursing Laws* and administrative regulations of the Board will be presented. Current activities and programs of the Board will be addressed along with information on implementation of HB 72. Participant comments will be solicited regarding planning for future issues such as multistate licensure.

KEYNOTE SPEAKER: **Andrea Lindell, DNSc, RN** – Dean of College of Nursing at University of Cincinnati, will challenge the audience to expand their view for nursing to include roles for nurses as promoting, directing, managing, and designing health care programs in a way that is not part of the current view.

AGENDA – FRIDAY, APRIL 29, 2005

8:15 – 8:45 a.m.	Registration (Beverages provided)
8:45 – 9:00 a.m.	Welcome and Opening Remarks – Jimmy Isenberg, RN, KBN President
9:00 – 10:00 a.m.	The Future of Nursing – Dr. Andrea Lindell
10:00 – 10:15 a.m.	Refreshment Break
10:15 – 11:15 a.m.	The Future of Nursing – Dr. Andrea Lindell (continued)
11:15 – 11:45 a.m.	Reflection on Keynote
11:45 – 1:00 p.m.	Lunch
1:00 – 2:00 p.m.	Multi-State Licensure: Licensure for the New Millennium Faith Fields, Executive Director, Arkansas Board of Nursing Sue Derouen and Nathan Goldman, KBN Staff
2:00 – 2:15 p.m.	Break
2:15 – 4:00 p.m.	KBN Legislation, Programs, Requirements & Activities: Updates, Questions & Discussion KBN Members: Marcia Hobbs, Catherine Hogan, Mary Gail Wilder, Jimmy Isenberg KBN Staff: Nathan Goldman, Bernadette Sutherland, Joyce Bonick, Patricia Spurr, Paula Schenk, Sandra Johanson, Sharon Weisenbeck
4:00 – 4:15 p.m.	Conference Summary (Concluding Remarks and Conference Evaluation)

CONTINUING EDUCATION CONTACT HOURS: Bellarmine University (#3-0031-07-05-37-2-2-2) will award 7.2 KBN approved nursing CE contact hours to participants upon successful completion of the April 29, 2005 program.

PROGRAM COST: \$125 Per Person or \$35 Prelicensure Nursing Student.

A check or money order made payable to the **Kentucky Board of Nursing** must accompany the completed Annual Conference registration form. Please include your Kentucky nursing license number on the check or money order. For additional information, contact KBN at 800-305-2042 or 502-329-7000.

CONFERENCE HOTEL ACCOMMODATIONS: A block of rooms has been reserved at the Clarion Hotel, 9700 Bluegrass Parkway, Louisville, KY, 40299 for conference participants who may require overnight accommodations. For reservations, call the hotel directly at 502-491-4830 prior to April 11, 2005. Be sure to indicate that you are attending the KBN Conference to receive a special room rate of \$79 single plus 13.95% tax per night. There is no charge for vehicle parking.

REGISTRATION DEADLINE: The registration form and payment must be returned to KBN by **April 22, 2005**.

REFUND POLICY: Refunds will be issued for cancellations prior to April 22, 2005. Substitutions for paid registrants will be accepted at door.

QUESTIONS: Call KBN at 800-305-2042 or 502-329-7000, Ext. 299, or Fax 502-696-5762. You can also email LilaA.Hicks@ky.gov.

KBN reserves the right to cancel or alter the program if unanticipated circumstances necessitate change.

REGISTRATION FORM
2005 KENTUCKY BOARD OF NURSING CONFERENCE
April 29, 2005

PRINT OR TYPE: Your name and credentials, institution/employer, and position title as you wish it to appear on your name badge.

Name: _____
First Last Credentials (RN, LPN, ARNP, etc.)

Institution/Employer: _____

Position Title: _____

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Preferred Mailing Address: _____
Street

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If a Nursing Student, Enter the Name of your Preclicensure Nursing Program: _____

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Please make check payable to the Kentucky Board of Nursing. The conference registration fee covers materials, continuing education credit, refreshments and lunch.

REGISTRATION DEADLINE: The registration form and payment must be returned to the KBN office by **April 22, 2005.**

Mail with Registration Fee to:
2005 Kentucky Board of Nursing Conference
312 Whittington Parkway, Suite 300
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Jewish Hospital's Commitment to Quality Nursing Care: The "Magnet" Way

The Institute of Medicine Report published in 1999, "To Err is Human," has given all health care providers cause to examine avenues for assuring patient safety and quality health care. Numerous organizations such as Leap Frog, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the National Quality Forums have launched standards to achieve a safe patient environment. The Nursing Department at Jewish Hospital, Louisville, Kentucky, the first in the state of Kentucky to receive Magnet designation by the American Nurses Credentialing Center (ANCC), has a strong commitment to quality patient care and excellence. To assure patient safety, we have implemented a number of initiatives, including those outlined below.

MET Team

The Institute for Healthcare Improvement has recommended that hospitals implement rapid response teams as one way to prevent avoidable hospital deaths. Jewish Hospital responded to this recommendation in June 2003 by implementing a medical emergency team (MET) to respond to emergencies in the medical/surgical and intermediate care areas. Based on a review of patients who experienced cardiac arrest in 2002, we discovered that most patients who arrested had experienced a significant deterioration in condition during the six-to- eight hours before the event, which is consistent with reports found in the professional literature. The MET provides assistance in responding to the patient's condition during this critical period when it first begins to deteriorate.

Setting a goal to aggressively respond to and assess changes in patient condition, the MET is composed of two ACLS-certified ICU nurses and an ACLS-certified respiratory therapist who is competent to intubate. Within five minutes of receiving a MET page, the team

members arrive with an emergency bag in-hand. They assess the patient, initiate approved treatment protocols that can be followed while awaiting the attending physician's call and assist the unit nurses with quick implementation of any orders received.

Initially, specific parameters were set for changes in patient condition that should trigger a MET call. However, we have now expanded the team's support role, encouraging non-critical care nurses to "call if you have a concern". Currently, the MET is responding to approximately 40 calls per month.

Has the team been effective? Absolutely! In addition to seeing the number of cardiac arrests in the medical/surgical and intermediate areas decrease by 30 percent, patients are moving to the appropriate level of care more quickly and are receiving required interventions more expeditiously. We have found that



there is increased collaboration among the ICU nurses, non-critical care nurses, respiratory therapists and physicians, with all groups learning from the expertise of their colleagues. Physicians also report a high level of patient and family satisfaction with the MET concept, which gives them a sense of comfort that multiple health care professionals are working together to deliver safe, quality care to their loved ones.

Bar Code Technology for Medication Error Prevalence

Errors in medication administration have recently captured the attention of researchers, health care professionals and the general public. Widely publicized research conducted in 36 health care facilities in Atlanta and Denver found that nearly 20 percent of medications were given erroneously. Seven percent of these erroneous administrations were potentially harmful. Hospitals are being challenged to find creative ways to enhance patient safety throughout the medication administration process. Jewish Hospital has responded to this challenge by implementing MedAdmin, a clinical decision support system that utilizes bar-code technology at the point of care.

MedAdmin does not replace the clinical expertise of the nurse, but rather adds an extra layer of safety by ensuring the five rights of medication administration. Right patient is verified by scanning the patient armband. Right drug, time, dose, and route are verified by scanning the medication at the bedside. Warnings

and alerts display information about possible cross-sensitivities, and other drug-specific information. For example, drugs that require cardiac monitoring or mechanical ventilation generate an alert to the nurse when scanned for administration. In addition to the patient safety benefits, volumes of clinical data can be generated from the system to drive

educational and process improvement efforts.

Medication doses are charted electronically upon administration. Wireless computer tablets and bar-code scanners in each patient room afford the nurse mobility to reach the patient anywhere in the room, and even into the hall. These touch-screen devices can be used for other nursing applications as well, including electronic charting and order entry. Nursing students can also use the system but are required to obtain an electronic co-signature when administering medications.

Response to MedAdmin has been very favorable. Nurses and patients alike appreciate the added safety net. The system is currently being utilized in selected medical-surgical areas and is expected to be installed on all inpatient units in 2005.

Perioperative Safety Measures for Correct Site Surgery

In 2002, over 42.5 million inpatient surgical procedures were performed in the United States. Alarming, approximately 15.6 percent of the patients undergoing these procedures experienced some type of sentinel event through errors made by health care providers. Surgical errors can have devastating effects on both patients and their families, so members of the perioperative team must work together to ensure positive outcomes for every patient undergoing a surgical procedure.

Jewish Hospital has implemented multiple strategies to ensure that wrong-site errors are prevented. Initially, the surgical scheduling clerk identifies the correct site with the physician's office using non-abbreviated terms. Preoperatively, the surgical holding nurse reviews the chart for documentation comparing information contained within the history and physical, surgical consent form and physician orders, and then receives the patient's verbal verification. Prior to incision, the surgeon marks the surgical site. The circulating nurse then verifies patient procedure and site with the patient. Immediately prior to incision, the entire surgical team participates in a "time-out" to verify the correct patient, site, procedure, patient positioning, and that the required equipment or implants are available. The "time-out" procedure is then documented in the perioperative nursing record. No procedure is started until any discrepancies are resolved.

Safety is the "Magnet" Way

"In an environment rife with controversy about patient safety in hospitals, medical error rates and nursing shortages, consumers need to know how good the care is at their local hospitals. [Magnet is] a seal of approval for quality nursing care." (ANCC, 2004). Recognized by the ANCC as a Magnet facility since 2001, Jewish Hospital has a proven level of excellence in nursing care. Without a doubt, the energy and commitment of our nurses has been key in realizing our goals. Through safety measures such as those described here, our nurses continuously strive to provide the safest level of care possible...that's the "Magnet" way!

Jewish Hospital is an internationally renowned high-tech tertiary referral center developing leading-edge advancements in hand and microsurgery, heart and lung care, home care, rehab medicine (including sports medicine), orthopaedics, neuroscience, occupational health, organ transplantation, outpatient care and primary care. Site of the world's first and the nation's second successful hand transplants, and the world's first and second successful AbioCor® Implantable Replacement Hearts, the hospital is federally designated to perform all five solid organ transplants – heart, lung, liver, kidney and pancreas. In 2004, Jewish Hospital received the Consumer Choice Award as the most preferred hospital in Louisville for the sixth consecutive year.

We invite you to learn more about our organization and to apply online at www.jewishhospital.org. We are a drug-free, affirmative action/equal opportunity employer.



DISCIPLINARY Actions

Since the publication of the fall edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is now available on the KBN website at http://kbn.ky.gov/disciplinary_actions.htm. If you need additional information, contact KBN's Consumer Protection Branch at 502-329-7000.

*** License has not been returned to KBN**

CEASE AND DESIST NOTICES ISSUED

Terry, Helen P. DOB 7/27/1949 Russell Springs/Bowling Green KY Cease and Desist Notice Mailed 9/13/2004

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

Cantrell, Kimberly Denise Ray	LPN #2029181	Louisville KY	Eff. 10/22/04
Childress, Penny G. Denham	RN #1067721	Williamsburg KY	Eff. 12/1/04
Emmitt, Freda Y. Yates	RN #1100506	Scottsville KY	Eff. 12/1/04
	LPN #2026032 (Lapsed)		
* Emrick, Tina McClure	RN #1040157	Frankfort KY	Eff. 9/28/04
* Gibson, Julia L. Gilliam	RN #1062925	Lancaster KY	Eff. 10/29/04
* Gray, Rhonda G. Norman	LPN #2025227	London KY	Eff. 9/28/04
* Harding, Tanya Craig	RN #1089789	Tampa FL	Eff. 12/1/04
* Lewis, Victoria Midori	LPN #2035598	Louisville KY	Eff. 9/10/04
Roberts, Melissa Danielle	RN #1094742	Louisville KY	Eff. 10/29/04
Smith, Teresa E.	RN #1054671	Tilene KY	Eff. 9/1/04

LICENSE IMMEDIATELY SUSPENDED FOR FAILURE TO COMPLY WITH BOARD ORDER OR STAYED

SUSPENSION IMPLEMENTED

Conkwright, Deborah L. Hatch	RN #1051782	Salvisa KY	Eff. 9/13/04
* Jennings, Nichole Marie Parker	LPN #2036451	Louisville KY	Eff. 11/1/04
Pearson, Regina S. Pierce	RN #1068323	Paducah KY	Eff. 11/5/04
* Pepper, Christl Denise Hicks	RN #1071317	Cadiz KY	Eff. 11/1/04
* Scott, Jimmy Dean	RN #1080642	Cumberland KY	Eff. 11/5/04
* Short, Lee Ann	LPN #2034240	New Albany IN	Eff. 10/27/04
Van Meter, George Robert	RN #1052459	Louisville KY	Eff. 11/9/04
* Williams, Michelle Y. Hale	RN #1081892	Swamp Branch KY	Eff. 9/4/04

LICENSE REVOKED

* Hernandez, Rebecca L. Singleton	LPN #2026037	Crestwood KY	Eff. 11/24/04
Hubbard, Rita Grubb	RN #1085144	London KY	Eff. 9/30/04
* Jones, Dana Michelle Brown	LPN #2036105	Paducah KY	Eff. 9/30/04

Nurse Leadership Opportunities

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Phone: (502) 629-7064

Email: kim.maffet@nortonhealthcare.org

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LICENSE REVOKED *continued*

* Mingis, Lisa A. Marion	LPN #2033842	Louisville KY	Eff. 9/30/04
* Miracle, Anna Collins	RN #1074392	Whitesburg KY	Eff. 9/30/04
	LPN #2023854 (Lapsed)		
Underwood, Dawana K.	LPN #2024037	Louisville KY	Eff. 9/30/04

LICENSE DENIED

Suter, Lorenzo Antwan	RN Applicant/Examination	Bowling Green KY	Eff. 11/30/04
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LICENSE SUSPENDED

* Hudson, James Curtis	RN #1083708	New Albany IN	Eff. 11/15/04
Kanatzar, Monti C. Madison	LPN #2021654	Nicholasville KY	Eff. 10/22/04
Muir, Betty R. Flora	RN #1063219	Georgetown KY	Eff. 6/10/04
	LPN #2004725 (Lapsed)		
* Watson, Martha J. Holland	RN #1065923	Mays Lick KY	Eff. 10/22/04

LICENSE CONTINUED ON SUSPENSION

Adams, Jo E. Sawyers	LPN #2018572	Virgie KY	Eff. 10/22/04
Charlet, Alan Hall	LPN #2035431	Paducah KY	Eff. 10/22/04
Martin, Shelly C. Coughlin	RN #1076360	Henderson KY	Eff. 6/10/04
	ARNP #2452-P		

LICENSE VOLUNTARILY SURRENDERED

Baize, Gregory L., Sr.	LPN #2023617	Beaver Dam KY	Eff. 9/1/04
Bradshaw, Minnie B. Sullivan	LPN #2026883	Columbia KY	Eff. 11/30/04
Challman, Ronald	LPN #2032871	Louisville KY	Eff. 11/15/04
Fagin, Kevin Michael	RN #1087302	Berea KY	Eff. 9/1/04
Hardin, Susan Joyce Olszewski	RN #1071281	Lawrenceburg KY	Eff. 10/7/04
Kershaw, Sharon L. Moore	RN #1060909	Lexington KY	Eff. 10/7/04
Parrott, Katrina	LPN #2033503	Louisville KY	Eff. 10/7/04
Powell, Carey R. Wallen	RN #1096405	Mt. Sterling KY	Eff. 9/1/04
Sharp, Sheila Marie Kegley	LPN #2033285	Junction City KY	Eff. 9/1/04
Shepherd, Loretta Faye Ashby	LPN #2027409	Aberdeen OH	Eff. 9/15/04
Stubblefield, Marquetta Lynette Washam	LPN #2035948	Nicholasville KY	Eff. 9/15/04
Toth, Karen L. Starks	RN #1071590	Lexington KY	Eff. 11/15/04

LICENSE DENIED REINSTATEMENT

McDowell, Jerri Lea Jenkins	LPN #2029950	Nicholasville KY	Eff. 10/22/04
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Continued on Page 18

Central State Hospital

Advanced Registered Nurse Practitioner (FT) and Staff Nurses (FT, PT, or PRN)

Central State Hospital is an adult psychiatric hospital located in Louisville, KY. Our mission is to provide high quality psychiatric care for adults with serious mental illnesses in order to successfully return them to community living. For over 125 years we have developed a tradition of quality care by assembling compassionate and knowledgeable professionals, working together as a team, to provide multidisciplinary insight and treatment for those we serve.

Adjacent to one of the area's largest community parks, Central State is a modern 192-bed facility located within the eastern suburbs of Louisville. We are easily accessible to the major highways and thoroughfares in Louisville, and serviced by the public transportation system. Our on-site parking is ample, and free.

We are searching for a mental health ARNP with adult psychiatric experience, as well as, RNs to join our professional staff of caregivers. As a respected and valued professional, you will have the opportunity to work as a member of a team of qualified and dedicated professionals planning and implementing care for patients on one of our treatment programs. Full-time, Part-time and PRN positions are available. An RN degree is required, as is an unrestricted KY nursing license. Previous psychiatric experience is preferred, but not necessary for the staff RN positions. Candidate must have good computer skills.

We offer a competitive salary and benefits package. Please send resumes to:
Central State Hospital, 10510 Lagrange Rd., Louisville, KY 40223, Attn: HRD
Or email to: csh.recruiter@ky.gov



Central State Hospital is an Equal
Opportunity Employer F/M/D/V

LICENSE DENIED REINSTATEMENT *continued*

* License has not been returned to KBN

Norman, Marcy Judith	RN #1031781	Louisville KY	Eff. 9/15/04
Wheat, Patricia Lynn Combest	RN #1051300	Louisville KY	Eff. 11/30/04

LICENSE TO BE REINSTATED LIMITED/PROBATED

Strohmaier, Keith Andrew	RN #1085436	Cincinnati OH	Eff. 10/22/04
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LICENSE LIMITED/PROBATED

Blain, Angela Gail Morgan	RN #1095129	Louisville KY	Eff. 10/7/04
Carlton, Sallie D.	LPN #2022500	Dawson Springs KY	Eff. 11/15/04
Chambers, Cynthia L. Trusty	RN #1073655	Georgetown KY	Eff. 9/15/04
Dennison, Mary E.	RN #1068308	Ashland KY	Eff. 9/1/04
Lester, Tracey Lea Kennedy	RN #1092797	laeger WV	Eff. 9/1/04
Morris, Melanie C.	RN #1068262	Mayfield KY	Eff. 9/15/04
O'Bryan, Cindy C. Dant	RN #1082938	Owensboro KY	Eff. 10/7/04
Portwood, Suzanne C. Wallace	LPN #2012655	Danville KY	Eff. 9/1/04

REPRIMAND

Buchanan, Kathleen L.	RN#1089125	Glasgow KY	Eff. 9/15/04
	LPN #2022013 (Lapsed)		
Childress, Rebecca D. Yates	RN #1102129	Georgetown KY	Eff. 11/15/04
Cutsinger, Echo Marie	LPN #2037297	Robards KY	Eff. 9/15/04
Denzik, Cheryl I. Williams	RN #1064209	LaGrange KY	Eff. 10/7/04
	ARNP #2586-S		
Duke, James C.	RN #1067837	Beaver Dam KY	Eff. 10/7/04
Giacalone, Maria Dannette	RN #1094159	Jeffersonville IN	Eff. 10/7/04
Griffin, Janice Breckenridge	RN #1098575	Louisville KY	Eff. 11/15/04
Harrison, Ruth Renae	RN #1091272	Jeffersonville IN	Eff. 11/15/04
Shelton, Karen F.	RN #1032476	Philpot KY	Eff. 11/15/04

CONSENT DECREES ENTERED AUGUST 31, 2004 – NOVEMBER 30, 2004

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration.....4

Imposition of civil penalty for failure to meet mandatory continuing education requirement for renewal of license.....8

LICENSES REMOVED FROM PROBATION AUGUST 31, 2004 – NOVEMBER 30, 20044


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From generation to generation, the Central Appalachian community has trusted its health and well-being to the talented professionals of Appalachian Regional Healthcare (ARH). That's why we're genuinely committed to continuous growth, technological advancement, and quality care – so that we may better serve the residents of the area we call home.

With hospitals located in Harlan, Hazard, McDowell, Middlesboro and West Liberty, Kentucky, our nurses have the opportunity to work in a broad range of practice settings. And our dedication to personalized care and favorable nurse-to-patient ratio allows you more time to focus on your patients, experience more aspects of care, and receive more satisfaction from your career.

You'll enjoy our new salary scale and pay options that include Full-time Benefited/Non-Benefited (base salary plus 25% roll-up in lieu of benefits) and our new short-week program where you can work three 12-hour shifts and be paid for a 40-hour week. And our comprehensive benefits package features low cost health insurance coverage, paid vacation, flexible scheduling, and more. Additionally, you'll earn shift differential and double time for holidays worked plus another day off with pay.

New graduates are welcome. For more information, and to apply, please contact: **Marilyn Hamblin, System Professional Recruiter, Appalachian Regional Healthcare, Inc., P.O. Box 8086, Lexington, KY 40533; email: mhamblin@arh.org; fax: (859) 226-2586; phone: 800-888-7045 Ext. 532.**

EOE

ARH
Appalachian Regional Healthcare
The Medical Centers of the Mountains
www.arh.org

ISMP List of Error-Prone Abbreviations, Symbols, and Dose Designations

µg	Microgram	Mistaken as "mg"	Use "mcg"
AD, AS, AU	Right ear, left ear, each ear	Mistaken as OD, OS, OU (right eye, left eye, each eye)	Use "right ear," "left ear," or "each ear"
OD, OS, OU	Right eye, left eye, each eye	Mistaken as AD, AS, AU (right ear, left ear, each ear)	Use "right eye," "left eye," or "each eye"
BT	Bedtime	Mistaken as "BID" (twice daily)	Use "bedtime"
cc	Cubic centimeters	Mistaken as "u" (units)	Use "mL"
D/C	Discharge or discontinue	Premature discontinuation of medications if D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of discharge medications	Use "discharge" and "discontinue"
IJ	Injection	Mistaken as "IV" or "intraocular"	Use "injection"
IN	Intranasal	Mistaken as "IM" or "IV"	Use "intranasal" or "NAS"
HS hs	Half-strength At bedtime, hours of sleep	Mistaken as bedtime Mistaken as half-strength	Use "half-strength" or "bedtime"
IU**	International unit	Mistaken as IV (intravenous) or IO (ten)	Use "units"
o.d. or OD	Once daily	Mistaken as "right eye" (OD-oculus dexter), leading to oral liquid medications administered in the eye	Use "daily"
OJ	Orange juice	Mistaken as OD or OS (right or left eye); drugs meant to be diluted in orange juice may be given in the eye	Use "orange juice"
Per os	By mouth, orally	The "os" can be mistaken as "left eye" (OS-oculus sinister)	Use "PO," "by mouth," or "orally"
q.d. or QD**	Every day	Mistaken as q.i.d., especially if the period after the "q" or the tail of the "q" is misunderstood as an "i"	Use "daily"
qhs	At bedtime	Mistaken as "qh" or every hour	Use "at bedtime"
qn	Nightly	Mistaken as "qh" (every hour)	Use "nightly"
q.o.d. or QOO**	Every other day	Mistaken as "q.d." (daily) or "q.i.d." (four times daily) if the "o" is poorly written	Use "every other day"
qid	Daily	Mistaken as "q.i.d." (four times daily)	Use "daily"
q6PM, etc.	Every evening at 6 PM	Mistaken as every 6 hours	Use "6 PM nightly" or "6 PM daily"
SC, SQ, sub q	Subcutaneous	SC mistaken as SL (sublingual); SQ mistaken as "5 every"; the "q" in "sub q" has been mistaken as "every" (e.g., a heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery)	Use "subcut" or "subcutaneously"
ss	Sliding scale (insulin) or 1/2 (apothecary)	Mistaken as "55"	Spell out "sliding scale"; use "one-half" or "1/2"
SSRi SSI	Sliding scale regular insulin Sliding scale insulin	Mistaken as selective-serotonin reuptake inhibitor Mistaken as Strong Solution of Iodine (Lugol's)	Spell out "sliding scale (insulin)"
1/d	One daily	Mistaken as "tid"	Use "1 daily"
TW or tw	3 times a week	Mistaken as "3 times a day" or "twice in a week"	Use "3 times weekly"
U or u**	Unit	Mistaken as the number 0 or 4, causing a 10-fold overdose or greater (e.g., 4U seen as "40" or 4u seen as "44"); mistaken as "cc" so dose given in volume instead of units (e.g., 4u seen as 4cc)	Use "unit"
Dose Designations & Other Information	Intended Meaning	Misinterpretation	Correction
Trailing zero after decimal point (e.g., 1.0 mg)**	1 mg	Mistaken as 10 mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
No leading zero before a decimal dose (e.g., .5 mg)**	0.5 mg	Mistaken as 5 mg if the decimal point is not seen	Use zero before a decimal point when the dose is less than a whole unit
Drug name and dose run together (especially problematic for drug names that end in "L" such as Inderal40 mg; Tegretol300 mg)	Inderal 40 mg Tegretol 300 mg	Mistaken as Inderal 140 mg Mistaken as Tegretol 1300 mg	Place adequate space between the drug name, dose, and unit of measure
Numerical dose and unit of measure run together (e.g., 10mg, 100mL)	10 mg 100 mL	The "m" is sometimes mistaken as a zero or two zeros, risking a 10- to 100-fold overdose	Place adequate space between the dose and unit of measure
Abbreviation such as mg, or mL, with a period following the abbreviation	mg mL	The period is unnecessary and could be mistaken as the number 1 if written poorly	Use mg, mL, etc., without a terminal period
Large doses without properly placed commas (e.g., 100000 units; 1000000 units)	100,000 units 1,000,000 units	100000 has been mistaken as 10,000 or 1,000,000; 1000000 has been mistaken as 100,000	Use commas for dosing units at or above 1,000, or use words such as 100 "thousand" or 1 "million" to improve readability

ISMP List of Error-Prone Abbreviations, Symbols, and Dose Designations

Drug Name/Abbreviations	Intended Meaning	Misinterpretation	Correction
ARA A	Vidarabine	Mistaken as cytarabine (ARA C)	Use complete drug name
AZT	Zidovudine (Retrovir)	Mistaken as azathioprine or aztreonam	Use complete drug name
CPZ	Compazine (prochlorperazine)	Mistaken as chlorpromazine	Use complete drug name
DPT	Denonol-Phenoxen-Thorazine	Mistaken as diphtheria-pertussis-tetanus (vaccine)	Use complete drug name
DTD	Diluted tincture of opium, or deodorized tincture of opium (Paragoric)	Mistaken as tincture of opium	Use complete drug name
HCl	Hydrochloric acid or hydrochloride	Mistaken as potassium chloride (the "H" is misinterpreted as "K")	Use complete drug name unless expressed as a salt of a drug
HCT	Hydrocortisone	Mistaken as hydrochlorothiazide	Use complete drug name
HCTZ	Hydrochlorothiazide	Mistaken as hydrocortisone (seen as HCT250 mg)	Use complete drug name
MSO4**	Magnesium sulfate	Mistaken as morphine sulfate	Use complete drug name
MS, MSO4**	Morphine sulfate	Mistaken as magnesium sulfate	Use complete drug name
MTX	Methotrexate	Mistaken as mitoxantrone	Use complete drug name
PCA	Procainamide	Mistaken as Patient Controlled Analgesia	Use complete drug name
PTU	Propylthiouracil	Mistaken as mercaptopurine	Use complete drug name
T3	Tylenol with codeine No. 3	Mistaken as triethylenimine	Use complete drug name
TAC	Triamcinolone	Mistaken as tetracaine, Adrenaline, cocaine	Use complete drug name
TNK	TNKase	Mistaken as "TPA"	Use complete drug name
ZnSO4	Zinc sulfate	Mistaken as morphine sulfate	Use complete drug name
Stemmed Drug Names	Intended Meaning	Misinterpretation	Correction
"Mini" drip	Nitroglycerin infusion	Mistaken as sodium nitropruside infusion	Use complete drug name
"Norflo"	Norfloxacin	Mistaken as Norflex	Use complete drug name
"IV Vanc"	Intravenous vancomycin	Mistaken as ivantra	Use complete drug name
Symbols	Intended Meaning	Misinterpretation	Correction
$\frac{3}{10}$	Dram Minim	Symbol for dram mistaken as "3" Symbol for minim mistaken as "ml"	Use the metric system
x3d	For three days	Mistaken as "3 doses"	Use "for three days"
> and <	Greater than and less than	Mistaken as opposite of intended; mistakenly use incorrect symbol "<10" mistaken as "40"	Use "greater than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Mistaken as the number 1 (e.g., "25 units/10 units" misread as "25 units and 110" units)	Use "per" rather than a slash mark to separate doses
@	At	Mistaken as "2"	Use "at"
&	And	Mistaken as "2"	Use "and"
+	Plus or and	Mistaken as "4"	Use "and"
o	Hour	Mistaken as a zero (e.g., q2 ^o seen as q 20)	Use "hr," "h," or "hour"

** Identified abbreviations above are also included on JCAHO's minimum list of dangerous abbreviations, acronyms, and symbols that must be included on an organization's "Do Not Use" list, effective January 1, 2004. An updated list of frequently asked questions about this JCAHO requirement can be found on their website at www.jcaho.org.

Imposter Alert!

The following individuals have either applied for a nursing position or have been employed as a nurse in Kentucky. KBN records indicate that these individuals have never been licensed in the Commonwealth of Kentucky:

- **Helen Powell Terry, Decatur, AL**
- **Jerome S. Pagell, Madisonville, KY**
- **Patricia J. Hayes, DOB: 2/5/1978, Berea, KY**
- **Michael Leo Baugh, DOB: 1/17/1948, Louisville, KY**
- **Shamra Nechele Collins, Ironton, OH**

Staff with the KBN Consumer Protection Branch recently discussed the emerging national concern about imposters with the National Council of State Boards of Nursing (NCSBN). This discussion indicated that many states deal with the problem of imposters.

It was revealed that imposters fit into

several different categories. An imposter may be:

- An unlicensed person who poses as a nurse and who may subsequently practice nursing;
- A person who gains licensure based on fraudulent credentials;
- A person who steals the identity of another licensed nurse and practices; or
- A person who is licensed in one capacity and alters his/her credentials to practice in another capacity (i.e., LPN represents an RN).

Problems exist nationally in the identification of these persons and in their subsequent prosecution. Most states do not have jurisdiction over a non-licensed person who poses as a nurse and must rely on local law enforcement and the criminal justice system for prosecution. The success of these prosecutions varies among the states. Overall, KBN has been successful in having imposters investigated and prosecuted by the various commonwealth and/or county attorneys. In

order to prevent the possible practice of nursing by an imposter, employers must take great care to review the credentials of their nursing employees and to further take the necessary step of checking the actual license card of each nurse. In addition, nurses must take great care to protect their nursing card and to report immediately to KBN any possible theft of their card. This will alert KBN of the probability that an imposter may be in our midst. If you have any questions or information about a possible imposter, please contact the Consumer Protection Branch at 502-329-7000 or 800-305-2042, or email them at KBN.I&D@ky.gov.

More information about disciplinary issues are available on the KBN website at http://kbn.ky.gov/consumer_protection.htm. You will find a list of Immediate Temporary Suspensions; Disciplinary Actions Report; Lost/Stolen Licenses and Registrations; and information about the Complaints Against Nurses Process.

NAME CHANGE

Effective January 4, 2005, all requests for a name change must be submitted with a \$35 processing fee, the required legal documentation, a request for the name change and your current active license card. Requests for a name change may be submitted at anytime. Upon receipt of the fee and required documentation, a new license card will be issued. Required legal documentation includes a copy of any one of the following: certificate of marriage, divorce decree, court order, or social security card.

What affect might this regulation change have on you during the renewal period?

- If you have not submitted a request for a name change prior to June 1 of a renewal period, your renewal application and your renewed license MAY NOT reflect the requested name change.
- If you submit your requested name change concurrently with your renewal application, your renewed license WILL be in the name in KBN records prior to your request for a name change. You will then have to return the renewed license card before you will receive a license card in the name requested.

To expedite the renewal process and assure your renewed license is issued in the name you are changing to, **whenever possible**, submit your request, fee, and documentation prior to June 1 of a renewal period. Questions may be directed to Lou Johnson, Licensure Specialist, at 502-329-7000, Ext. 252, or email her at LouL.Johnson@ky.gov.

INACTIVE LICENSE STATUS

Beginning November 1, 2005, the inactive licensure status will not be available for LPN's, and beginning November 1, 2006, the inactive licensure status will not be available for any nurse in Kentucky. If an LPN does not renew on an active status, the license will lapse. In Kentucky, a lapsed license indicates only that the nurse chose not to renew. A person with a lapsed license cannot work as a nurse in Kentucky. To reinstate a lapsed license to an active status you must meet the continuing competency requirement in regulation at the time of your application for reinstatement. You can find those requirements on the KBN website at <http://kbn.ky.gov>.

RETIRED LICENSE STATUS

A retired licensure status will be available for LPNs beginning November 1, 2005 and for RNs beginning November 1, 2006. There will be a one-time application processing fee of \$25. A license card indicating a "retired" status will be issued but will not be subject to renewal. Consequently, there will be no expiration date associated with the "retired" license card.

If you are an LPN and want a "retired" licensure status, you may apply beginning September 1, 2005. The requirements for application are as follows:

If you hold a current license card, expiring October 31, 2005:

- Print and complete the application form from the KBN website at <http://kbn.ky.gov>. (available 9/2005)
- Attach your active licensure card to the application in the space provided.
- Return the application, license card, and a check or money order in the amount of \$25 to the Kentucky Board of Nursing.

If your license has lapsed:

- Complete the application for a retired licensure status on the KBN website at <http://kbn.ky.gov>. (available 9/2005)
- Pay the \$25 fee, using either a MasterCard or Visa credit or debit card.

You are not eligible for retired status:

- If you have current or pending action on your license in Kentucky or any other state.

To request an application, contact Sharon Minniefield at the KBN office at 502-329-7000 or 800-305-2042, Ext. 252, or email her at SharonL.Minniefield@ky.gov. For further information, contact Lou Johnson at 502-329-7000 or 800-305-2042, Ext. 252, or email her at LouL.Johnson@ky.gov.

Medical Professionals CAREERS



Christie Stewart, R.N., Endoscopy, with her eight-month old son Logan, who is enrolled at King's Daughters' Child Development Center.

In the Spring of 2006, King's Daughters will open a \$43.5 million, 120,000 square foot Heart and Vascular Center. Due to our current and future growth, we are looking for talented medical professionals to join the region's premier healthcare facility.

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What is the KARE for Nurses Program?

The Kentucky Alternative Recovery Effort (KARE) for Nurses is a program developed and offered by the Kentucky Board of Nursing. The purpose of KARE for Nurses is to identify and assist nurses whose abilities to provide nursing care are compromised by dependency on drugs or alcohol so that they can return to competent and safe practice.

The program recognizes that nurses are individuals who have dedicated their lives to helping others and are now in a need of help. The KARE for Nurses' foundation is that substance abuse is treatable and that the recovery and return of competent nursing practice is in the best interest of the nurse and public health.

The KARE for Nurses program believes that a nurse should not lose a job or license due to substance abuse and offers an opportunity for encouragement, treatment and recovery. The program emphasizes hope and is administered with compassion, confidentiality, concern and dignity for the nurse.

The Disease . . .

Many people believe that nurses are immune from addiction by essence of their intelligence and education. In reality, exposure, easy availability, and familiarity with medications often lead predisposed health professionals to develop chemical dependency.

Substance abuse is one of the major factors threatening safe nursing practice. Chemical dependency is a chronic, progressive illness characterized by the use of chemicals in spite of adverse consequences. This compulsive-use cycle may have periods where use is controlled, but it is normally followed by at least one episode of out-of-control use causing adverse consequences in one's life.

Not recognizing or dealing with chemical dependency will exacerbate the problem. Often we are too engrossed in our own problems to be objective and our individual efforts result in more stress that increases the severity of the situation. Left untreated, chemical dependency will not only risk your life, but the life and safety of patients.

There is a place to turn for help . . .

Nurses often buy into the myth that they should be able to handle their chemical dependency because they are health care providers. What may seem a tremendous burden to one person can become a lighter load when shared with someone else.

The first step is to admit there is a problem. It isn't easy to admit to another person that we are having trouble handling our problems alone. It is a subject that we avoid discussing or confronting. Yet once we reach that first step, we can begin the process of regaining our life back.

Services . . .

KARE for Nurses develops individualized Program Agreements based upon the unique circumstances of the nurse. Monitoring can be facilitated in many ways, some which

are listed below:

- Assisting with identification, assessment and referral to approved treatment providers.
- Monitoring participants compliance during recovery and continued nursing practice.
- Providing education to nurses, employers and other groups about the program
- Providing encouragement and support to help ensure the participants are able to practice nursing in accordance with acceptable and prevailing standards of safe nursing care.

Confidentiality . . .

Requests for information and/or assistance are strictly confidential. All records of program participants are confidential. Participation in the KARE for Nurses Program is voluntary and will remain anonymous to the Kentucky Board of Nursing as long as the participant is compliant with the terms of the program agreement.

Eligibility . . .

A nurse may access the program by self-referral, board referral, referral from another person or agency, such as an employer, coworker or family member. Admission to the KARE for Nurses program is available to individuals who, at the time of application, meet the requirements listed below:

- Registered nurse, or licensed practical nurse, licensed in the Commonwealth of Kentucky or an applicant for a credential issued by the board;
- Request participation in the program regardless of whether referred by the board, self, or another person;
- Admit in writing to being a chemically dependent individual;
- Have not been terminated from a similar program in this or any other state for noncompliance;
- Have attended an approved treatment provider;
- Obtain a chemical dependency assessment, which includes a complete physical and psychosocial evaluation performed by a licensed or certified medical or psychological specialist in the field of drug, alcohol, or other chemical dependency;
- Agree to the terms set forth in the agreement; AND
- Agree not to be employed in any capacity in a patient care setting or one that requires licensure until approved to do so by the program staff.

Questions?

Compliance forms for the KARE for Nurses Program are located on the KBN website at <http://kbn.ky.gov/kare.htm>. To obtain further information or to make a confidential referral, please contact Paula S. Schenk, KARE Program Director, or Jill Cambron, KARE Program Coordinator, at 800-305-2042, ext 236 or 289. You can also contact them by email at PaulaS.Schenk@ky.gov or JillM.Cambron@ky.gov.

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2. Nursing personnel shall be assigned to, or designated to cover, the emergency service at all times.

In addition, the Board of Nursing noted that the term "triage" has been defined to mean: "... a process in which a group of patients is sorted according to their need for care. The kind of illness or injury, the severity of the problem, and the facilities available govern the process." (Mosby's

Medical, Nursing and Allied Health Dictionary, Fourth Edition)

Following discussion of the statutes and administrative regulations applicable to this question, KBN advised that the process of triage by a paramedic falls under the provisions of KRS 311A.170(5)(a) and 902 KAR 20:016 Section 4(8)(b). This activity should be delineated in the established policies and procedures of the emergency department. Since the performance of triage is within the scope of paramedic practice and is

permitted under 902 KAR 20:016 Section 4(8)(b), it is an act that may be performed under the supervision of a registered nurse, but is not an act that is delegated by the nurse. Subsequently, a nurse is not required to meet the criteria in 201 KAR 20:400 Section 2(3) prior to a paramedic providing triage. It was the opinion of the Board that triage, as performed by a paramedic, does not meet the requirements stated in 201 KAR 20:400 Section 2(3), and 902 KAR 20:016 Section 4(8)(a)1 and 2.

HIGHLIGHTS OF BOARD ACTIONS

Kentucky Nurses Foundation Diversity Grant

Accepted the amended final report showing disbursement of the monies given to the Kentucky Nurses Foundation by KBN for the Diversity Grant.

Executive Director Search Committee

Appointed an Executive Director Search Committee. Members include Jimmy Isenberg, RN, Chair; Sally Baxter, RN; Lori Davis, Citizen-at-Large; Peggy Fishburn, LPN; Marcia Hobbs, RN; Elizabeth Partin, ARNP; and Jan Ridder, RN. Laurie Googe, Personnel Administrator, and Dea Cook, Executive Assistant, are staff assigned to assist the committee.

Dialysis Technician Advisory Council

Appointed Wendy Martin, DT, and reappointed Leitha Olson, RN, to the Dialysis Technician Advisory Council.

Approved the amendments to 201 KAR 20:470 Dialysis Technician Credentialing Requirements and Training Program Standards.

KBN Strategic Plan Mission Statement

Approved the recommended changes to the KBN Strategic Goals Statement.

Nursing Education

Granted full approval status to Northern Kentucky University, Baccalaureate Nursing Program.

Granted developmental approval status to the proposed Associate Degree Nursing Program, Galen Health Institute, Louisville; and the proposed Practical Nursing Program, Henderson Community College, Henderson.

Approved the Big Sandy Community & Technical College proposal to implement the Academic/Career Mobility Program on both the ADN and PN curricula levels.

Approved the Pikeville College, Pikeville, proposal to increase by one credit hour the total program hours from 70 to 71 credits to allow additional classroom time in NUR 245, Mental Health Nursing.

Approved the West Kentucky Community & Technical College, Paducah, proposal for addition of NPN 115 – Practical Nursing Bridge Course to the current Practical Nursing Program.

Directed that pursuant to 201 KAR 20:360, Section 1, Subsection 4, the following programs of nursing with a pass rate of less than 85 percent for one year shall be issued a letter of concern and the nurse administrator shall be requested to submit an analysis of the cause(s) of the high failure rate on the licensure examination and plans to correct the deficiencies in the future:

- Morehead State University, BSN Program
- Northern Kentucky University, BSN Program
- Hazard Community & Technical College, ADN Program
- Midway College, ADN Program
- Big Sandy Community & Technical College, PN Program
- Bowling Green Technical College, PN Program
- Madisonville Community College, PN Program
- Maysville Community College, PN Program

Directed that pursuant to 201 KAR 20:360, Section 1, Subsection 5, the following programs of nursing with a pass rate of less than 85 percent for two consecutive years shall be issued a letter of warning and the nurse administrator shall appear before the Board and give a report of the implementation of the plans submitted to the Board the previous year and to present any further analysis and plans to correct the deficiencies as defined:

continued on Page 30

Bethesda North Good Samaritan



TriHealth, a partnership of two of Cincinnati, Ohio's finest health care organizations, **Bethesda North** and **Good Samaritan** hospitals, is **growing** and looking for outstanding registered nurses to join our valued nursing staff.

Bethesda North Hospital, a sprawling suburban medical campus and acute care facility, is one of the **fastest-growing hospital** in the area.

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Good Samaritan Hospital, the oldest and largest private teaching and tertiary health care facility in Greater Cincinnati, has been the #1 inpatient hospital of choice in the area and recently embarked on a **5-year expansion project** to meet the growing needs of the community it serves. The project includes expanded cardiology, vascular and pulmonary departments.

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Hospital Operations:

Owensboro Medical Health System is a full-service hospital licensed for 447 beds (386 operational). The hospital employs a workforce of 2,400 and is the largest employer in Western Kentucky. The medical staff includes more than 200 physicians practicing in three-dozen specialties.

Service Area:

OMHS serves a ten-county area with a population of more than 300,000: Breckinridge, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, and Ohio counties in Kentucky and Perry and Spencer counties in Southern Indiana.

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Will ACLS and PALS courses count toward my CE requirement?

If an approved provider offers the ACLS or PALS courses, the hours earned will be accepted by KBN.



Can a nurse substitute CME credits for nursing contact hours?

CME credits do not automatically transfer to contact hours. If you wish to earn contact hours for a course that awarded CME credit, you will need to submit an Individual

Review Application (see response to FAQ "I have attended a CE course that is not offered by an approved CE provider. How can I get credit for these hours?").



I have earned more CE hours this earning period than I need. Can these hours be used for my next renewal?

No. CE hours cannot be carried over to the next earning period. All 30 hours must be earned within the specified 2-year period.

FAQ: CE Providers



Where can I find a list of approved CE providers?

You can print a list from the KBN website at <http://kbn.ky.gov/ce.htm>, or you may request a copy of the list by contacting the KBN office at 800-305-2042, ext. 237. A list of national nursing organizations recognized by KBN for CE is provided on the left of this page. If a provider that is approved by one of these organizations offers a course you wish to take, that course will be accepted by KBN for the same number of contact hours.



I would like to offer CE courses to other nurses and award contact hours for these classes. What must I do to get KBN approval for these courses?

KBN does not offer approval of each individual course, instead KBN approves the providers of the courses. If you would like to become a KBN approved CE provider, you will need to submit an *Application for Provider Approval* to KBN. A copy of the application is available on the KBN

website, or you can call the KBN office (see contact info above).

FAQ: Domestic Violence CE



I completed a domestic violence course a few years ago. How often must I repeat this course?

There is a requirement to earn 3 contact hours of domestic violence (DV) CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after May 1998. Many nurses may have met this obligation during the previous renewal period, however, if selected in the CE audit, the RN will be required to furnish a copy of the certificate of attendance for DV competency even if it was earned during the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state. Any nurse licensed after July 15, 1996 has 3 years from the date of initial licensure to meet the DV requirement.

FAQ: HIV/AIDS CE



I understand there have been some changes in the HIV/AIDS CE requirements. How many HIV/AIDS contact hours must I earn, and what is the earning period?

All nurses are required to earn 2 contact hours of approved HIV/AIDS CE within the appropriate 10-year period. For LPNs, that period is

continued on Page 30

KBN Approved Refresher Courses

JOHNSON MEMORIAL HOSPITAL

(RN/LPN)

158.5 hrs (78 classroom & 80.5 clinical)

Contact: Cassie Hill

125 West Jefferson St, PO Box 549

Franklin, IN 46131

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Fax: 317-736-2690

Email: chill@johnsonmemorial.org

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Contact: Sandra Delaney

St. Elizabeth Medical Center

401 E 20th St

Covington, KY 41014

Phone: 859-292-4866

Fax: 859-292-4218

Email: sdelaney@stelizabeth.com

Website: www.stelizabeth.com

KBN Approved Refresher Courses: Home Study

CONTINUING NURSING EDUCATION NETWORK (RN/LPN)

240 hrs – HIV/AIDS CE Included

Contact: Sheri Coleman, Nurse Administrator

531 Airport Road, Suite D

Bismarck, ND 58504-6107

Phone: 701-223-7105

Fax: 701-223-0575

Email: sheri@ndna.org

SOUTH DAKOTA STATE UNIVERSITY (RN/LPN)

RN – 200 hrs (120 theory & 80 clinical)

LPN – 160 hrs (80 theory & 80 clinical)

Contact: Dr. Gloria Craig,

Continuing Nursing Education

Box 2275

Brookings, SD 57007

Phone: 605-688-5745

Fax: 605-688-6679

Email: Gloria_Craig@sdstate.edu

Website: <http://learn.sdstate.edu/nursing>

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PATIENT SAFETY INITIATIVES

NCSBN Online Program – “Medication Errors: Detection and Prevention”

With the advent of patient safety issues within the media, the attention to safety as a national initiative has become well established and is being explored from multiple arenas. Multiple national organizations have been created to serve as watch groups to ensure that there is continued attention on the issue of patient safety within healthcare agencies. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has developed specific initiatives related to patient safety. Since 1977, JCAHO has included patient safety improvement standards as part of the accreditation process. The importance of adherence to these safety standards has continued to grow in strength with accreditation requiring agencies to initiate specific efforts to prevent medical errors and to alert patients that they have been harmed.

Nurses are encouraged to be well informed about patient safety issues and utilize safety principles in their practice. A specific continuing education program has been developed by the National Council of State Boards of Nursing as an online course, entitled “Medication Errors: Detection and Prevention.” This course provides

insight into the scenarios that can arise on a day-to-day basis and gives solid direction on how to handle various situations. It is available for a cost of \$22 and awards 6.9 CE contact hours. The website is www.learningext.com.

The Risk of Morphine-Hydromorphone Mix-Ups

The Institute for Safe Medication Practices (ISMP) is an excellent resource for information. The following article is based upon an “ISMP Medication Safety Alert” (July 1, 2004) addressing the mix-up of morphine and hydromorphone, emphasizing a scenario in which implementation of patient safety initiatives will help prevent medication errors. The complete article is available at www.ismp.org/MSAarticles-morphine.htm.

Recently a report was received in which a 69-year old patient was given 10 mg hydromorphone IM instead of 10 mg of morphine. The error may have contributed to the patient's death. The patient presented to the emergency department with a chest injury where a physician wrote an order for morphine 10 mg IM. Hydromorphone was mistakenly taken from the narcotic cabinet. Both drugs were stocked together with similar packaging, names, strengths and the same

concentration. According to conversion charts, the patient received the equivalent of 60-70 mg of morphine! The error was discovered when the narcotic count showed a discrepancy between the two drugs. The staff immediately tried to contact the patient and finally located him at another hospital close to his home. By then the patient's condition had deteriorated, he arrested a short time later, and died.

Nurses have confused hydromorphone and morphine. The fact is that mix-ups between these drugs are among the most common and serious errors that can occur involving two high-alert drugs. When retrieving hydromorphone from the narcotic cabinet, nurses should protect patients by mentally asking, “This is DILAUDID, is that correct?”

Safety initiatives to prevent these errors are discussed in detail in the article and include actions that limit access, reduce options and “look-alike” potential, require redundancies, educate staff and patients, employ technology, and monitor patients. Steps should be taken to help eliminate the potential for error, such as separating both drugs where they are stocked, and highlighting the look and sound-alike nature of the drugs in medication administration records, computerized drug listings, and on labels that are in-stock or in the pharmacy.

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FAQ: Pharmacology CE

? I am an advanced registered nurse practitioner (ARNP) in Kentucky. Are there requirements that I earn any specific CE hours in addition to the required 30 contact hours for RN license renewal?

All ARNPs are required to earn 5 contact hours of approved CE in pharmacology. These hours count as part of the CE requirement for the period in which they are earned.

FAQ: Sexual Assault Nurse Examiners (SANE) CE

? Are SANE credentialed nurses required to earn specific CE hours in addition to the required 30 contact hours for RN renewal?

SANE credentialed nurses are required to earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the required 30 hours.

FAQ: Audit

? I was selected for the CE audit last year. I have friends that have been in nursing for many years but have never been selected. Why did I receive an audit letter, and they did not?

Nurses receiving CE audit letters are chosen by random selection. The number of years one has been in nursing has nothing to do with the selection process.

? What will happen if I am audited, and I do not have the required 30 contact hours?

You will be asked to earn the required hours and submit copies of the CE certificates to KBN along with a letter of explanation as to why these hours were earned late. Once this documentation is received and accepted by KBN, you will be allowed to enter into a Consent Decree Agreement with KBN and pay the required fine. If you refuse to earn the late hours and/or pay the fine, your records and audit response will be forwarded to the Investigation and Discipline Section of the Consumer Protection Branch for initiation of disciplinary action.

FAQ: CE Records

? Does KBN have a record of the CE hours I have earned?

No. KBN does not keep track of each nurse's CE hours – that responsibility falls on the individual nurse. It is the responsibility of the CE provider to see that the nurse receives a certificate of completion, but the provider does not send a copy of the certificate to KBN. You are not required to submit CE certificates to KBN unless requested to do so through the CE audit. Nurses must retain records of their CE/competency for at least 5 years following a licensure period. HIV/AIDS CE records must be retained for 12 years.

National Nursing Organizations Recognized by KBN for Approval of CE Offerings

- American Academy of Nurse Practitioners (AANP)
- American Association of Critical Care Nurses (AACN)
- American Association of Nurse Anesthetists (AANA)
- American College of Nurse-Midwives (ACNM)
- American Nurses Credentialing Center (ANCC) of the American Nurses Association (ANA)
- Accredited Providers including ANA Constituent State Nurses' Associations
- Association of Women's Health, Obstetrical and Neonatal Nurses (AWHONN)
- National Association of Nursing Practitioners in Women's Health
- National Association of Pediatric Nurses Associates & Practitioners (NAPNAP)
- National Association for Practical Nurses Education & Service (NAPNES)
- National Federation of Licensed Practical Nurses (NFLPN)
- National League for Nursing (NLN)
- Other State Boards of Nursing

HIV/AIDS CE APPROVED THROUGH THE CABINET FOR HEALTH SERVICES (CHS) IS ALSO ACCEPTED.

COMPETENCY VALIDATION MUST INCLUDE ONE OF THE FOLLOWING:

Proof of earning 30 approved contact hours.

OR

A national certification or re-certification related to the nurse's practice role (in effect during the whole period or initially earned during the period.)

OR

Proof of earning 15 approved contact hours, PLUS at least one of the following:

Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings.

Publication of a nursing related article.

A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering.

A nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included).

A successfully completed nursing employment competency validation (validated by employer with the name, address, and phone number of employer included).

Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor).

Referenced: 201 KAR 20:215

continued Highlights from Board Actions from Page 24

- Spencerian College, ADN Program
- Gateway Community & Technical College, PN Program

Directed that pursuant to 201 KAR 20:360, Section 1, Subsection 6, the Practical Nursing Program of Spencerian College, Louisville, having achieved a pass rate of less than 85 percent for three consecutive years, shall be notified that its nurse administrator and head of the governing institution shall appear before the board to show cause that approval of the program be continued.

Nursing Practice

Approved letters of response to opinion requests regarding the following topics: RNs prescribing medication via established protocol following telephone triage; and performance of punch biopsies and small skin lesion excisions by RNs, Certified RN First Assistant.

Directed that a letter of response be sent indicating that legislation regarding the ratio of four patients to one nurse has been introduced, but failed to pass.

Disciplinary Actions

Approved 11 Proposed Decisions, and received reports on the approval of 38 Agreed Orders.

Mark Your Calendar . . .

The Future of Nursing is Now!

2005 Kentucky Board of Nursing Conference

Friday, April 29, 2005

Clarion Hotel and Conference Center

Louisville, KY

A registration form and agenda are on pages 11-12.

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